



**Division of Regulation and Licensure
Section for Long Term Care Regulation**

LTC BULLETIN

P.O. Box 570, Jefferson City, MO 65102-0570
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Changing the Culture of Long Term Care

Many of us have elderly friends or family members who say they do not want to “end up in a home.” What they mean is, they do not want to be moved to a place where they lose their rights, privacy, and dignity - a place where strangers perform daily tasks of bathing, changing, feeding, and medicating them.

A term that has become very familiar is “culture change.” Culture change is a movement with the goal of changing the culture of long term care from institutional facilities to homes where people are recognized as individuals who have the right to dignity, respect, privacy, choices, uniqueness, pleasure, relationships, risk, personal growth, and other benefits.

Long term care providers struggle to implement culture change initiatives while maintaining compliance with state and federal regulations. The Centers for Medicare and Medicaid Services (CMS) and the Missouri Department of Health and Senior Services, Section for Long Term Care Regulation (SLCR) both support the culture change movement.

SLCR is currently reviewing state long term care regulations in an effort to identify those that impede culture change efforts. If you have experienced difficulty implementing culture change initiatives because of state long term care regulations, please let us know. We want to hear your story. We want to know what regulation impeded your efforts and how that happened. We would also like to hear how you believe the regulation could be rewritten to allow for culture change initiatives while maintaining the underlying intent of protecting the residents. Your comments will be used to develop proposed state regulatory changes.

Please send your comments to:

Sam Plaster, Unit Chief

Missouri Department of Health and Senior Services

Section for Long Term Care Regulation

Planning and Development Unit

PO Box 570

Jefferson City, MO 65102-0570

Changes in State Regulations Impact Long Term Care Facilities

The Section for Long Term Care Regulation (SLCR) has revised various long term care rules. The final rules have been published in Missouri's Code of State Regulations (CSR) and were effective October 30, 2008. The following is a list of the rule sections that have been revised.

19 CSR 30-82.010	General Licensure Requirements
19 CSR 30-83.010	Definition of Terms
19 CSR 30-84.020	Certified Medication Technician Training Program
19 CSR 30-85.032	Physical Plant Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities
19 CSR 30-86.012	Construction Standards for Assisted Living Facilities and Residential Care Facilities
19 CSR 30-86.045	Standards and Requirements for Assisted Living Facilities Which Provide Services to Residents with a Physical, Cognitive, or Other Impairment that Prevents the Individual from Safely Evacuating the Facility with Minimal Assistance
19 CSR 30-86.047	Administrative, Personnel and Resident Care Requirements for Assisted Living Facilities
19 CSR 30-88.010	Resident Rights

The rules may be accessed from the Office of Secretary of State's Web site at <http://www.sos.mo.gov/> or the Department of Health and Senior Services' Web site at <http://www.dhss.mo.gov/NursingHomes/>. Click on **Laws, Regulations and Manuals**.

House Bill 952 and 674, passed during the 2007 state legislative session, resulted in increased fire safety requirements for long term care facilities. Requirements for a complete fire alarm system will be enforceable on December 31, 2008. Because of the statutory time frame, SLCR has filed revisions to 19 CSR 30-85.022 and 19 CSR 30-86.022 under emergency status.

SLCR welcomes any questions at (573) 526-8524.



New Administrator Heads Long Term Care Regulation

Carey Kaltenbach is the new administrator of the department's Section for Long Term Care Regulation. He began his duties on August 11, 2008, and has been working diligently to ensure a smooth transition.

Prior to joining the section, Carey was the Director of Grants at Citizens Memorial Healthcare, Vice President of Fund Development at St. Louis Area Resources for Community and Human Services (ARCHS), and Grants Administrator and Assistant Chief of the Bureau of Grants and Contracts in the Department of Health and Senior Services.

Carey was a college professor for 34 years, in addition to working as a grant consultant. He taught at Emporia State University, Kansas and Stephens College, Columbia, Missouri. Carey has conducted over 450 grant-writing workshops and presentations throughout Missouri and the nation.

Please join us in welcoming Carey Kaltenbach to the Section for Long Term Care Regulation!

Missouri Senior Report



In mid-November, Missouri officials will unveil the state's third annual report providing valuable data on the status of Missouri's seniors for policy makers, communities, researchers, and families. "Missouri Senior Report 2008" presents the trends of aging Missourians county by county, comparing older adults on a variety of outcome and status indicators. This year's report will include a senior economic impact indicator and a civic engagement indicator.

This annual report serves as a resource for fostering engagement and leadership for Missouri's communities adapting to an aging population.

"Missouri is the only state in the country issuing an annual report on the status of seniors," says Jane Drummond, director of the Missouri Department of Health and Senior Services. "This report is the gold standard for data on Missouri's seniors."

The report is the product of an ongoing collaboration between the department and the University of Missouri's Office of Social and Economic Data Analysis.

You can find the 2006 and 2007 reports on the Internet at <http://www.missouriseniorreport.org> or <http://www.dhss.mo.gov>. Here you will find not only the two reports but also additional data. Further, you can sort the data to produce maps and graphs related to your county. "Missouri Senior Report 2008" will be available at these two links in mid-November.

If you have questions about the report, please contact Laurie Hines, Missouri Department of Health and Senior Services, (573) 522-4180.

In the Spotlight...

Quality Improvement Program Benefits Facilities

The facility and I benefit from the Quality Improvement Program of Missouri (QIPMO) services through QIPMO nurse Katy Nguyen. When I accepted my position as MDS Coordinator/Assistant Director of Nursing at Maywood Terrace Living Center last year, I did not have experience in the long term care Resident Assessment Instrument (RAI) process. Katy educated me and answered questions regarding the Minimum Data Set (MDS), Resident Assessment Protocol (RAP), and care plans. She visits the facility periodically and is available to provide in-services. Katy returns my calls promptly when I face situations in which I need advice or direction.

The monthly regional MDS support group, lead by Katy Nguyen, is an outstanding opportunity for growth and networking. It is encouraging to interact with others who face the same challenges and learn new ways to overcome them; consequently, regulatory requirements are met, and service delivery to our residents and staff is enhanced. The support group meetings are free. Consider joining a group near you and learn more about helpful resources available to you.

Katy's knowledge and expertise are invaluable to our facility. I encourage everyone to utilize the services of QIPMO.

Joy Orton, RN
Maywood Terrace Living Center

For the last several years, my nursing staff and I have attended the regional MDS meetings lead by Katy Nguyen. We have been fortunate to have her in our facility to consult with and train professional nurses. I know that all of my northwest Missouri colleagues (administrators and nurses) benefit from Katy's expertise. Her knowledge of long term care and the RAI process as well as her enthusiasm for achieving quality in our facilities is greatly appreciated.

Chuck Loucks, Administrator
Nodaway Nursing Home

Our facility changed from having one MDS Coordinator to having each clinical coordinator do the MDS for their unit. The clinical coordinators were very reticent about their new responsibility. Katy Nguyen, QIPMO nurse, was available to teach the MDS/Care Plan process. She was able to provide the clinical coordinators invaluable information and support. After the training, the clinical coordinators explained that they felt more knowledgeable and empowered.

We asked Katy to do an MDS presentation for all the direct caregivers and requested her to provide it in a way for the audience to gain a basic understanding of MDS. A person has to be knowledgeable of MDS and to put it on a level for everyone to understand. Katy did just that! The staff learned and really enjoyed her presentation. We really appreciate QIPMO for providing knowledgeable nurses like Katy Nguyen to come and assist in the education of our employees. As we begin to prepare for the MDS 3.0, we will be looking to Katy and other QIPMO nurses for assistance.

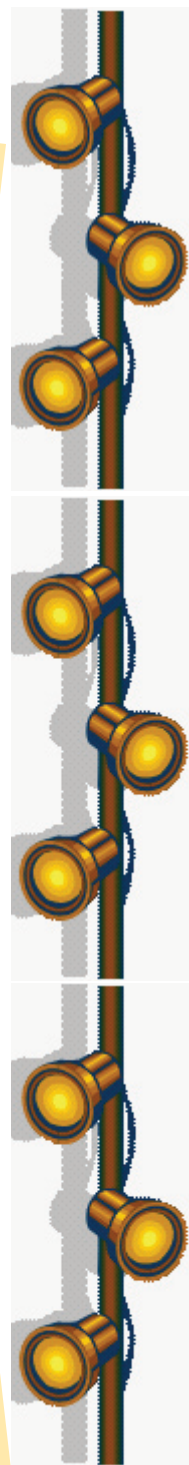
*Beryl J. Pegues RN, Director of Nursing
Dorothy Jones RN, VP Nursing
Swope Ridge Geriatric Center*

I am thankful and appreciative of the services provided by QIPMO. Our regional specialist is QIPMO nurse Clara Boland. She possesses a wealth of information and help for me as well as other facilities in the southeast Missouri region. Anytime I have a problem or a question, I e-mail Clara. Within a very short period of time I receive an answer. She has assisted me through the years, more years than either of us want to admit. I was glad to know that I had a helpful, kind, and knowledgeable source to turn to when I once again accepted a Director of Nursing position, especially since the facility just had its annual survey with citations. Clara was a great help with implementing systems to ensure our continued compliance with regulations.

Clara continues to help in many ways, including the monthly MDS support group meetings, latest and greatest news from the Centers for Medicare and Medicaid Services (CMS), issues and solutions to those issues that other homes are having, and the list goes on. Clara never makes me feel inadequate or ignorant; she is always there when you need a hand.

In addition, I have attended seminars presented by Carol Siem and other speakers with Primaris. Their knowledge is wonderful!

*Ellen M. Wills, RN, Director of Nursing
Independence Care Center of Perry County*



TOP

Deficiency Lists Increase Awareness

The previous issue of the *LTC Bulletin* provided Missouri's most frequently cited Life Safety Code deficiencies. This article includes the most frequently cited Health deficiencies for Medicare- and/or Medicaid-skilled nursing facilities from April 1-June 30, 2008. The *LTC Information Update* LISTSERV will continue to post the top ten lists (Life Safety Code and Health deficiencies) quarterly.

As we all work toward ensuring and providing high quality care and life for residents, it is our sincere hope that each facility administrator and its management team will review the list and use it as a tool for increased awareness and quality assurance. Each F-tag listed includes examples of the issues frequently cited.

Health Deficiencies:

10

F-281: The services provided or arranged by the facility must meet professional standards of quality.

Common citations:

- Failure to follow physician's orders for medication/treatment administration and special needs (i.e., weekly weights, daily vital signs, body alarms, etc.)
- Failure to obtain laboratory orders and/or follow-up on results
- Failure to document treatment/medication provided or assessments performed
- Failure to document why a treatment/medication was not administered (i.e., no documentation regarding a treatment/medication that a resident refused)
- Failure to transcribe physician's orders accurately (i.e., from hospital transfer orders to the physician's orders sheet, or from the physician's orders sheet to the medication administration record or treatment administration record)
- Failure to ensure medications are administered per professional standards (i.e., leaving medications with residents and not ensuring they are swallowed, not locking medication cart when unattended, pre-preparing medications and/or signing that medications are given before the act occurs, administering a second puff of an inhaled medication too soon after the first puff, failure to check for placement prior to giving medications per gastrostomy tube, timing issues such as medications directed to be given on an empty stomach being administered during or after a meal, giving fast-acting insulin too soon before a meal)
- Failure to follow facility policies regarding nursing assessment/interventions for special needs (i.e., intake and output monitoring for tube-fed residents, lack of bowel monitoring and/or follow-up treatment)
- Failure to adequately communicate with other disciplines (dietary, therapy, wound care) to ensure appropriate and timely treatment

F-323: The facility must ensure that the resident environment remains as free of accident hazards as possible and each resident receives adequate supervision and assistance devices to prevent accidents.

Common citations:

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- Failure to provide adequate interventions/oversight to prevent avoidable falls
- Failure to use gait belts and/or failure to transfer residents in a safe manner
- Failure to provide adequate supervision/oversight to prevent elopement
- Failure to ensure safe water temperatures
- Failure to provide supervision for residents while they smoke
- Failure to ensure residents' environment remains free from accident hazards (i.e., chemicals stored unlocked, trip hazards in hallway)

F-371: The facility must store, prepare, distribute, and serve food under sanitary conditions.

Common citations:

- Failure to store potentially hazardous foods to prevent contamination (i.e., not labeling/properly covering leftover food and opened food products, not ensuring freezer/refrigerator temperatures are kept at appropriate levels)
- Failure to maintain food contact equipment and food-prep surfaces in a sanitary manner
- Failure to prepare and serve potentially hazardous foods at appropriate temperatures (i.e., thawing meat inappropriately, not ensuring milk is held at an appropriate temperature during food service, not ensuring food is held in the steam table at the appropriate temperature before/during food service)
- Failure to wash hands as necessary to prevent cross-contamination
- Failure to maintain the kitchen environment (walls/vents/floor/ceiling) in a clean and sanitary manner
- Failure to appropriately sanitize (using dishwasher or 3-compartment sink) and/or air dry dishes/pans/utensils

F-312: A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

Common citations:

- Failure to provide adequate and/or proper perineal cleansing after incontinence
- Failure to assist dependent residents to use the toilet
- Failure to provide assistance with grooming/hygiene, including nail care, hair care, facial hair grooming, oral hygiene, and regular showers
- Failure to offer/encourage/assist dependent residents with feeding assistance and fluid consumption

F-444: The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

Common citations:

- Failure to remove soiled gloves after providing perineal cleansing and before assisting the resident with further dressing and grooming
- Failure to remove gloves after providing perineal cleansing and before touching objects (side rails, privacy curtain, door knob) in a resident's room
- Failure to remove gloves and wash hands after cleansing a soiled area and before providing care to a less soiled area of the resident's body

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- Failure to wash hands after removing soiled gloves and before replacing with clean gloves during care
- Failure to wash hands after providing care for one resident and before providing care to another resident
- Failure to remove soiled gloves and wash hands, as necessary, while providing skin/wound care
- Failure to wash hands, as necessary, during medication administration

F-253: The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

Common citations:

- Failure to ensure doors and door frames are free of rough surfaces and missing paint
- Failure to ensure floor tiles are free of missing/chipped tiles and stains
- Failure to ensure walls are free of scuffs, chips in paint, and gouges
- Failure to ensure cove base is free of damage or missing pieces
- Failure to ensure window blinds and curtains are free of damage
- Failure to ensure caulking around toilets and in bathrooms is free of peeling or discoloration
- Failure to ensure ceiling tiles are free of discoloration
- Failure to ensure resident equipment including wheelchairs, mechanical lifts, tube feeding/IV poles are maintained in a clean manner
- Failure to ensure vents are free of a buildup of dust

F-309: Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

Common citations:

- Failure to assess, notify the physician, and appropriately treat residents who experience a change in condition
- Failure to assess and treat pain in a timely and/or adequate manner
- Failure to provide care to prevent constipation and fecal impaction
- Failure to implement measures to prevent skin breakdown, and/or failure to treat and prevent complications related to skin breakdown (issues not covered by F-314-pressure sores)
- Failure to provide care in accordance with physician's orders
- Failure to provide care in accordance with residents' plans of care

F-279: A facility must use the results of the assessment to develop, review, and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

Common citations:

- Failure to develop a plan of care to address any of the following issues as necessary for a resident whose assessment reflects a need for care planning (examples include but are not limited to: a resident's behavioral issues, dependence on staff for activities of daily living, incontinence issues,

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health issues including risk for weight gain/loss and risk for dehydration, pain issues, risk for falls, risk for or actual skin impairment, activities, use of anti-psychotic medications, and restraint use)

F-314: The facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sore receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.

Common citations:

- Failure to assess or plan care for residents at risk for developing pressure sores
- Failure to regularly assess at-risk residents for skin impairment
- Failure to reposition at-risk residents or residents with actual skin breakdown
- Failure to assess new pressure sores and/or obtain treatment in a timely manner
- Failure to provide pressure relieving devices
- Failure to provide pressure sore treatments as ordered
- Failure to adequately cleanse/treat pressure sores to promote healing and prevent infection
- Failure to consistently monitor pressure sores for improvement or decline
- Failure to address dietary needs related to the resident's condition
- Failure to assess the need for change in treatment and/or failure to keep the physician informed of the change in condition of a pressure sore
- Failure to reposition dependent residents

F-465: The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.

Common citations:

- Those issues not otherwise specifically covered under other environmental deficiencies, including failure to ensure the environment in resident use areas and in non-resident use areas is maintained in a safe and sanitary manner, which does not negatively affect residents.

Individuals, long term care facilities, organizations and other interested parties are welcome to subscribe to the *LTC Information Update* LISTSERV. Go to the DHSS Web site at <http://www.dhss.mo.gov/SeniorServices> and then click on **Subscribe to LTC Information Update.**

KNOW Your PLAN

On June 2, 2008, the Section for Long Term Care Regulation (SLCR) mailed emergency preparedness questionnaires to all of Missouri's licensed long term care facilities. Each facility was asked to provide information concerning the development and contents of their emergency plans. SLCR received 487 anonymous responses, which included the following information.

Question #1 – Please check your facility's level of care:

- a. Skilled Nursing Facilities (SNF) – 257 = 52% response rate
- b. Intermediate Care Facilities (ICF) – 21 = 60% response rate
- c. Assisted Living Facilities (ALF) – 74 = 54% response rate
- d. Residential Care Facilities (RCF) – 135 = 28% response rate

Question #2 – Did any of the following participate in the development of your emergency plan?

	SNF %	ICF %	ALF %	RCF %	Avg %
Local Emergency Operations Center	26	24	22	20	23
Local Health Department	18	19	15	18	17
Fire Department	69	81	66	47	66
Ambulance Service	23	19	24	19	21
Police Department	28	29	28	21	26
Sheriff's Department	15	5	12	13	11
Red Cross	10	0	5	4	5
Other Facilities	40	33	40	27	35

Question #3 - Does your emergency plan contain the following emergency contact information?

	SNF %	ICF %	ALF %	RCF %	Avg %
Ambulance Service	84	90	89	78	85
Local Emergency Operations Center	56	57	54	56	56
Police Department	88	76	91	78	83
Red Cross	43	19	32	32	31
Sheriff's Department	61	48	59	51	55
Regional SLCR Office	48	38	38	35	40
Residents' Family Phone Numbers	49	67	72	73	65
Facility Staff Phone Numbers	87	90	86	80	86

Question #4 - Does your emergency plan assign specific roles to staff members?

	SNF %	ICF %	ALF %	RCF %	Avg %
Yes	92	90	92	73	87
No	5	5	7	21	9
No response	3	5	1	6	4

Question #5 - Are you staff members familiar with using the following emergency equipment?

	SNF %	ICF %	ALF %	RCF %	Avg %
Generator	64	62	32	33	48
Fire Extinguisher	98	95	99	97	97
Communication Equipment	77	74	81	77	77

Question #6 - Does your emergency plan address the following?

	SNF %	ICF %	ALF %	RCF %	Avg %
Power Outages	96	90	86	83	89
Alternative Power	77	62	62	50	63
Staffing Needs	76	86	78	64	76
Facility Evacuation	98	95	99	92	96
Staff Accompanying Residents in Transit	64	62	76	61	67
Areas of Refuge	85	81	81	79	81
Sheltering in Place	78	76	82	79	79
Resident Medications	79	76	85	83	81

Question #7 - What communication capabilities does your facility have available during emergencies?

	SNF %	ICF %	ALF %	RCF %	Avg %
Landline	91	95	90	88	91
Non-cordless Landline	32	28	54	51	41
Cellular Telephone	89	90	89	91	90
Two-way Radio	31	38	26	24	30
Short Wave Radio	2	0	3	4	2
Satellite Radio	0	0	3	2	1

Question #8 - Is your facility part of any plan to receive residents from other facilities in emergencies?

	SNF %	ICF %	ALF %	RCF %	Avg %
Yes	61	48	58	37	51
No	34	52	41	56	46
No response	5	0	1	7	3



Question #9 - What emergency supplies does your facility have on hand?

	SNF %	ICF %	ALF %	RCF %	Avg %		SNF	ICF	ALF	RCF
Food	92	100	99	93	96		3-28 days	3-28 days	3-28 days	3-28 days
Water	84	95	96	74	87		1 gal.-14 days	1 gal.-14 days	1 gal.-14 days	1 gal.-14 days
Fuel	42	52	27	28	37		2 days-10,000 gal.	2 days-10,000 gal.	2 days-10,000 gal.	2 days-10,000 gal.

Question #10 - Do you provide resident families with information concerning your facility's emergency plan?

	SNF %	ICF %	ALF %	RCF %	Avg %
Yes	38	28	55	46	42
No	54	67	37	46	51
No response	8	5	8	8	7

From the data analysis, SLCR recognizes areas of strengths and weaknesses. Therefore, the following are recommended:

- continue to develop individualized emergency plans to address the unique needs of the facility and residents, including:
 - contact information for local emergency resources
 - plans for staff to accompany residents in case of evacuation
- continue to review facility's emergency plan on a scheduled cycle to ensure information included is accurate and current
- continue to involve local emergency preparedness personnel in the development and review of each facility's emergency plan
- have a non-cordless landline telephone available at the facility
- keep an adequate supply of emergency supplies, especially water

Available resources:

- Emergency planning materials and templates are available at the Missouri Department of Health and Senior Services Web site at: http://www.dhss.mo.gov/Ready_in_3/AdultCareFacilities.html
- Emergency planning materials and resources are available at the Centers for Medicare and Medicaid Services Web site at: <http://www.cms.hhs.gov/SurveyCertEmergPrep/>
- Contact information for local area governance regional committees is available at Missouri's Homeland Security Web site: <http://www.dps.mo.gov/HomelandSecurity/Regionalization.htm>
- Contact information for Local Public Health Agencies is available at the Missouri Department of Health and Senior Services Web site at: <http://www.dhss.mo.gov/LPHA/LPHAs.html>
- Find an American Red Cross chapter near you at: <http://www.redcross.org>

SLCR welcomes questions at (573) 526-8524.

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